



CREDIT CARD AUTHORIZATION

I, _____, authorize **Learning in Costa Rica** to charge the credit card below in the amount of \$ _____ for the following item (s):

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for the following student, _____, who is participating in the

_____ **ILASO** program in _____
Program Term (ie. Fall, Summer, etc...) Program City

Credit card type Card number Expiration date

Cardholder's name (*please print*) Cardholder signature Date

BILLING ADDRESS:

CURRENT MAILING ADDRESS:

Street address

Street address

City, State, Zip

City, State, Zip

Daytime Phone Number:

Home Phone Number:

Please Note: Credit cards may be used for up to 80% of the program price.

Please send the completed form to ILASO at:

ILASO
SJO# 5420
PO Box 025331
Miami, FL 33102-5331
U.S.A.

Or e-mail it to:

ilasocr@racsa.co.cr
ilaso@learningincostarica.com

For additional information, visit the website at <http://www.learningincostarica.com> or call (305) 433-5898.